

## **SECTION 6.30 DENTAL INSURANCE**

**Last Update: 9/13**

The State Police Officers Council (SPOC) has collectively bargained its own health and dental plan. Some of the information included here does not apply to employees covered under the SPOC collective bargaining agreement, however, the basic enrollment and eligibility rules would be applicable.

Delta Dental of Iowa is the provider for dental insurance. Checkups and teeth cleaning are covered at 100%. Cavity repair and tooth extractions are covered at 80%. Major restorative procedures, root canals, crowns, and endodontia are covered at 50%. More detailed information can be obtained from the dental book provided by Delta Dental.

The State contributes the entire cost of the premium for full-time single coverage. Family coverage is available with the employee paying a portion of the monthly premium.

### **Eligibility**

Full-time and part-time employees with probationary or permanent status who work 20 or more hours a week are eligible for dental insurance coverage. Employees working 20 to 29 hours per week will receive a part-time benefit contribution. The State's share of the premium is one-half the amount paid for full-time employees. Employees who work 30 or more hours per week receive a full-time benefit contribution.

Temporary employees are not eligible for dental coverage.

### **Enrollment**

Employees may enroll in a single or family coverage plan within the first 30 calendar days following employment. Dependents eligible for family coverage are the employee's spouse, domestic partner and dependent children. A dependent child must be unmarried and must be one of the following:

- Under age 19
- Between ages of 19 through 25, not a full-time student, and resides in the State of Iowa
- A full-time student in an accredited institution of postsecondary education regardless of age
- Totally and permanently disabled, physically or mentally, regardless of age. The disability must have existed before the dependent child turned age 25 or while the dependent child was a full-time student.

**This is the only opportunity for an employee to enroll in the dental plan. There is no annual enrollment and change period for the dental program. Your election and coverage will remain in effect until you have a qualified life event that could cause you to change who is covered.**

Part-time employees who initially elect not to have dental coverage, and subsequently change to full-time employment, may elect coverage at that time. The employee will have the same eligibility and effective dates as a new employee.

### **Effective Date**

An employee must make application for coverage within the first 30 days of employment. Insurance is effective the first day of the month following 30 calendar days of continuous employment (Example A). If the first day of employment is the first working day of the month, coverage is effective the first day of the following month (Example B).

### **Example A**

Date employed: April 18  
Application signed before: May 18  
Effective date: June 1

### **Example B**

Date employed: July 3 (first working day of the month)  
Application signed before: August 3  
Effective date: August 1

## **Changing Dental Insurance**

Changes may be made by completing an application form within 30 calendar days (60 days in the case of birth or adoption) of an EVENT. Events are:

- Marriage
- Death of spouse or dependent
- Adoption of a child, addition of step children or foster children to family
- Spouse involuntarily loses coverage through another employer group (fired/discharged, layoff, plant closing, company closing)
- Divorce, annulment, legal separation, or dissolution of marriage
- Dependent loses eligibility status
- Unmarried dependent over age 26 resumes full-time student status
- Employee or spouse gains or loses eligibility for Medicare or Medicaid
- Birth of a child
  - If a single contract is in effect at the time of birth of a biological child, the employee must submit an application form to change to a family dental contract within 60 days of the date of this birth. The effective date of the family contract will be the first day of the month in which the child was born. The employee's share of the family premium begins with this effective date.
  - If the single contract holder does not submit the application for family coverage within 60 days of the birth of a biological child, there is no further opportunity to add this child.

It is the employee's responsibility to notify the agency personnel assistant and complete a new application for coverage within thirty (30) days (60 days for birth or adoption) after an event.

NOTE: When an event occurs, only those family members directly affected by the event (not all family members) may be added. For example, birth only entitles the addition of the new child, not the spouse or other dependents. A spouse's involuntary loss of other group coverage only entitles the addition of the spouse and any other dependents who were covered under the spouse's dental insurance coverage.

## **Separations**

Employees who leave state employment will continue to have dental coverage through the last day of the month in which they separate.

A federal law known as COBRA allows for continuation of group dental coverage for employees who separate from employment for any reason other than gross misconduct. If the employee had family coverage prior to the separation, family coverage may be continued. See Section 6.25 for information about COBRA. When the COBRA eligibility time period expires, dental coverage will stop. There are no individual conversion dental policies available for dental insurance.

## **Retirement and Disability Dental Coverage**

Employees approved for State group long term disability benefits, or employees leaving the payroll as a retiree, may remain in the dental insurance plan if they assume responsibility for the total premium cost. They receive the same benefits as State employees and at the State's group rates. Delta Dental will bill eligible employees directly. Application for "direct" billing is available from the personnel assistant in the agency.

### **Double Spouse Credit**

When spouses are employed by the State, at the option of the couple, one family plan may be elected. The State's contribution to double-spouse family coverage will be equal to two(2) single contributions. When spouses are employed by the State and one spouse is a full-time employee and one spouse is a benefits-eligible part-time employee, at the option of the couple, one family plan may be elected. The State's contribution to the above stated double-spouse family coverage will equal the same as two (2) single full-time contributions. If both spouses are benefits-eligible part-time employees, the State's share of the premium for each employee will be one-half of the State's share of the full-time double-spouse family premium. When spouses are employed by the State, and one spouse is a non-Regents employee and the other spouse is a non-merit Regents employee, at the option of the couple, one family plan may be selected. The family plan selected shall come from those plans administered by the Department of Administrative Services.

### **If both Spouses are Eligible Employees of the State**

When spouses are both employed by the State, they must enroll under the same family coverage. Employees cannot be covered as both an employee and a dependent under the State's health and welfare benefit plans. Employees have four coverage choices under the health plans:

- Each spouse may enroll separately in single coverage.
- One spouse may elect single coverage and the other spouse may enroll themselves and dependent(s) in family coverage. The spouse selecting single coverage may not be listed as a dependent on the family plan.
- One spouse may elect to waive coverage and the other spouse may enroll both spouses and dependent(s) in family coverage.
- Both spouses may elect family coverage for themselves and their dependent(s) under double-spouse family coverage with one spouse being the contract holder and one being the contributing spouse.

### **Claims**

Dentists participating in the Delta Dental plan file claims for services, if the employee presents their Delta Dental ID card to the dentist. When necessary, forms for filing claims are available from the personnel assistant in the agency.

If employees have questions concerning Delta Dental's processing or claims payment, they should call 1-800-544-0718.

For further information, contact the personnel assistant in the agency.